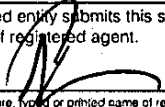
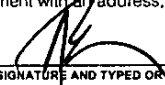


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 043 ***150.00

DOCUMENT # L54919 1. Entity Name AWESOME ENTERPRISES, INC.					
Principal Place of Business 7301 WALLIS ROAD WEST PALM BEACH, FL 33413			Mailing Address 7301 WALLIS ROAD WEST PALM BEACH, FL 33413		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EVANS, ALEX 4635 SOUTHERN BLVD WEST PALM BEACH, FL 33415				Name Street Address (P.O. Box Number is Not Acceptable) 7301 Wallis Road City West Palm Beach FL Zip Code 33413	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Alex Evans DATE 4/21/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, ALEX 7301 WALLIS ROAD WEST PALM BEACH, FL 33413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, ALEX 4635 SOUTHERN BLVD. WEST PALM BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, SUSAN 7301 WALLIS ROAD WEST PALM BEACH, FL 33413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Alex Evans DATE 4/21/06 DAYTIME PHONE # 561 653-1100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					